ASCO 2024:

Day 3 highlights

Plenary presentations & ADCs

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ASCO 2024:

Standing ovations for “immediately practice changing” lung data

The expectation for LAURA and ADRIATIC was high, and the data didn’t disappoint. A double win for AstraZeneca in this year’s plenary.

ASCO 2024:

LAURA: osimertinib as maintenance therapy following CRT in unresectable stage III EGFR + NSCLC.

A significant and meaningful improvement in PFS was presented with a HR of 0.16, and superlatives such as “phenomenal”, “astonishing”, “amazing” are all being used to describe the result.

A topic that generated discussion was the indefinite treatment schedule. The audience were encouraged to adopt a treatment paradigm that acknowledges the severity of EGFR+ disease (and risk of CNS progression) and that ‘cure’ is an unlikely outcome for this group. However, cost will be a concern (financial, emotional, toxicity) and efforts to identify patients to de-escalate likely.

ASCO 2024:

Sanjay Popat @DrSanjayPopat · 11m

.@RamalingamMD presents LAURA. del19/ L858R only. Pts recruited within 6/52 of RT. Osi till PD/tox. 81% X-over in placebo arm. PFS HR=0.16.All subgroups benefited. Local and distant benefit. 10% increase in pneumonitis

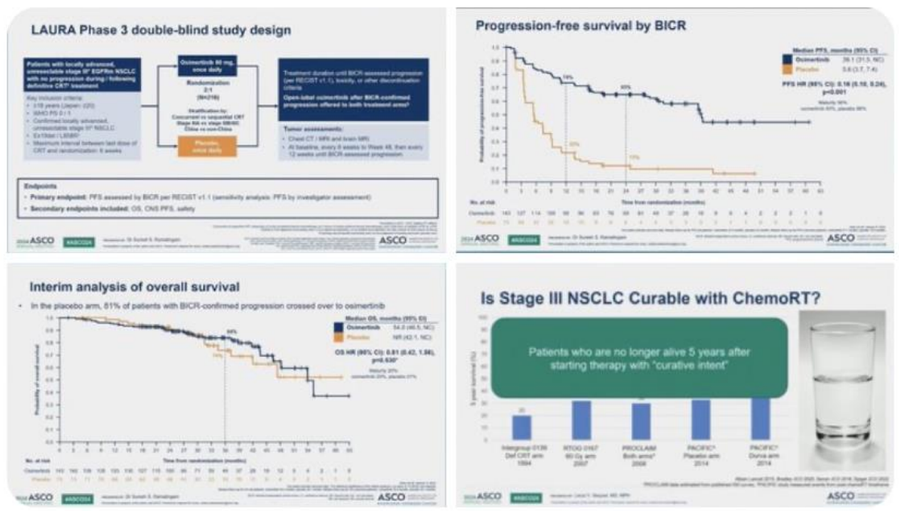
>>a new SoC. We need this in UK ASAP. AMAZING

#ASCO24

Noemi Reguart
@NReguart

Follow

LAURA Trial receives a well deserved huge applause by the audience. Huge benefit in PFS (39 vs 5.6 mo, HR < 0.2. OS still immature and 81% crossover. STAGE III EGFR+ NSCLC INCURABLE? BRAIN RMN BUT NO PET-CT required at baseline. #ASCO24 @LeciaSequist



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ASCO 2024:

ADRIATIC: durvalumab following cCRT in patients with LS-SCLC

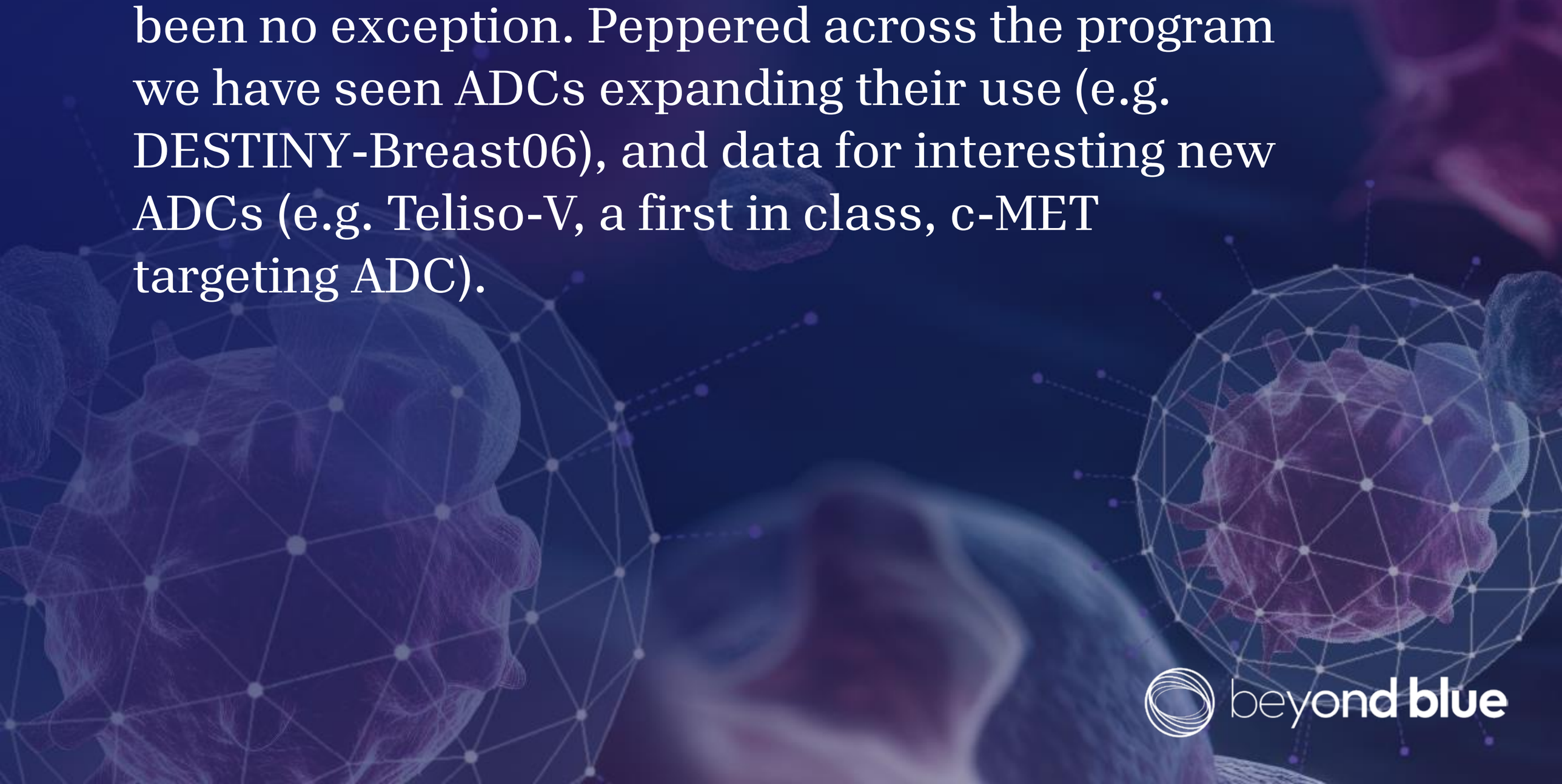
LS–SCLC has seen no major advancement for several decades. Cue ADRIATIC. Use of durvalumab following cCRT resulted in a significant increase in OS (mOS gain of 22 months!), setting a new standard of care and overshadowing recent developments in the ES-SCLC space.

In general, we are seeing increased research interest in SCLC, and more data is set to come in LS-SCLC including data on durvalumab + tremelimumab combination, pembrolizumab ± olaparib (KEYLYNK-013) and T-cell engagers (DeLLphi-306).

ASCO 2024:

ADCs remain a focus

ADCs never fail to make a mark, and ASCO 24 has been no exception. Peppered across the program we have seen ADCs expanding their use (e.g. DESTINY-Breast06), and data for interesting new ADCs (e.g. Teliso-V, a first in class, c-MET targeting ADC).



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ASCO 2024:

Another win for T-DXd securing earlier use for HR+/HER2-low and expansion into HER2 ‘ultra-low’

DESTINY-Breast06 showed benefits for T-DXd following ET, in place of TPC, in patients with HER2 low (and ‘ultralow’) – moving it a step earlier in the treatment approach.

With the new ‘ultra-low’ classification, T-DXd once again rewrites the rule book; shown to be suitable for ~85% of patients previously considered HR+ / HER2-. However, the new classification is expected to cause challenges for pathologists, with a clear need for improved HER2 testing.

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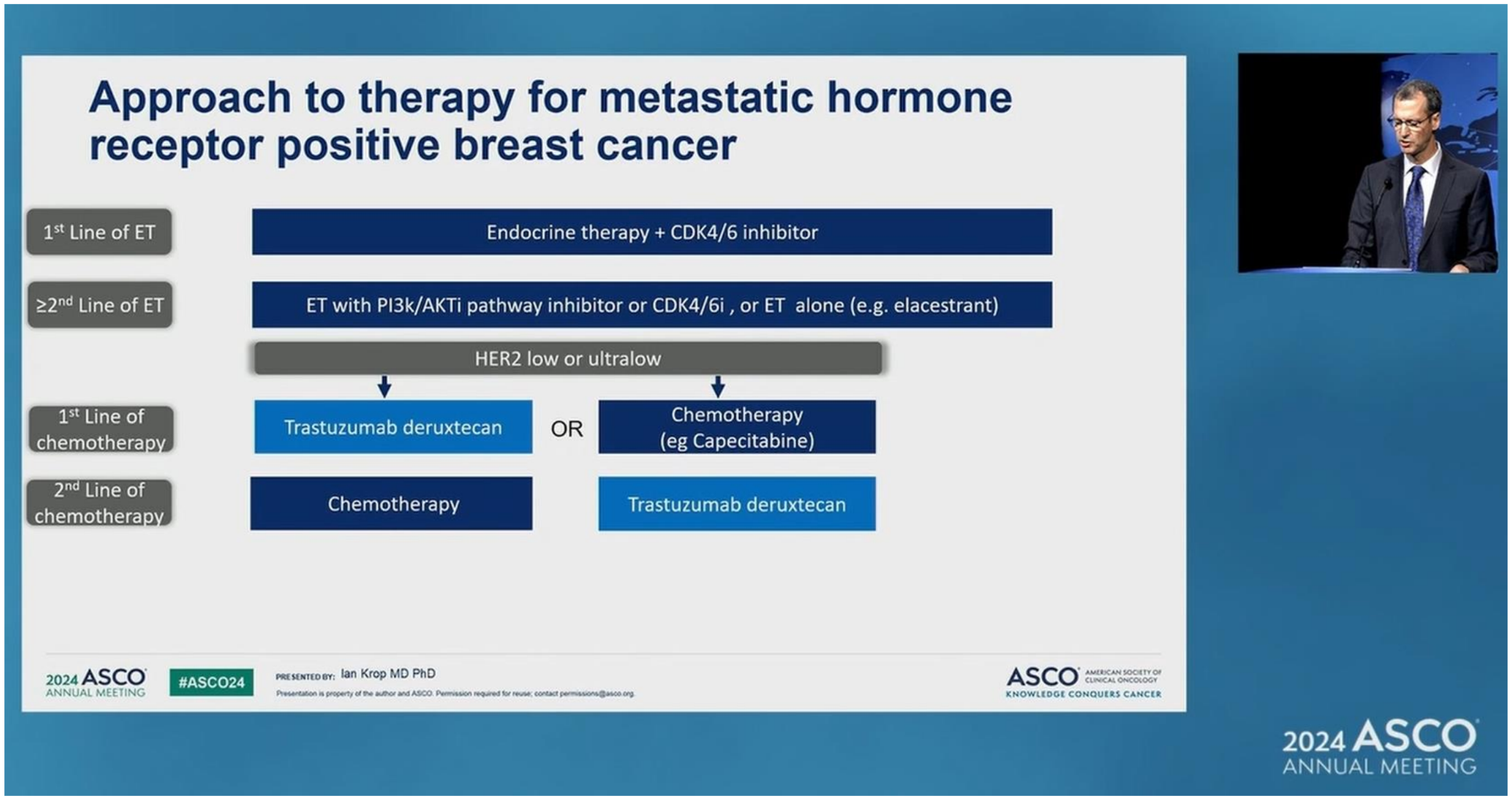

Dr. Ian Krop
Discussion of LBA1000 (ASCO 2024)

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ASCO 2024:

ADCs; does target expression matter?

A question raised numerous times across the conference. And the answer? It doesn't appear to be uniform across ADCs.

But are there times when target expression is more relevant to consider? And could this differ even for the same ADC in different scenarios? For example:

1. Based on the competitive treatment landscape – e.g. could TROP-2 expression aid in the selection between SG and T-DXd?
2. Could target expression have more clinical relevance in certain cancer types - e.g. could NECTIN-4 amplification help identify those responding to EV in TNBC?

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ASCO 2024:

Keep following us for more from ASCO 2024.

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